FOR STATE HEALTH DEPT. ** AEDICAL EXAMINER: This certificale should be executed within 24 hours after death. It is necessary, secute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page styled be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, its designated agent, prior to burial, cremation, or removal, and in any evaptratifin 72 hours after death. 10 6 5 g 4 6

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5466

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FOR STATE HEALTH DEPT

TO TO THE ARDICAL EXAMINER. This certificate should be executed within 24 hours after death. If the play is necessary, ples execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Internet director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5775 15167

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1. PLACE OF DEATH a. COUNTY			CE (Where deceased live		dence before admission)
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		d. STREET ADDRESS			. IS RESIDENCE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT			
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	ine for (a), (b), end (c).]				INTERVAL BETWEEN
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3 20c. TIME OF INJURY Month, Day, Year 20d. I				(County)	(Stata)
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110000000	22c NAME OF CEMETERY OF		19 town (County)	lown or country	1-2-61
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CTOR		21. I certify the		-	Accident	Suicio		Inspection Undet	Inquiry		in my opinion
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o Please	224	REMOVAL (Specify)			20. NAME OF CEME		4	Conou	***	or country)	(Stele)
VS. A15ME	23	FUNERAL DIRECTOR	mm	Clen	ADDRESS	Su	n Md 24a. RE	C'D BY REGISTRAR	24b. KEGIS	TRAR'S SIGNATI	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Film G200 6/1/61 iwk
|| 2. USUAL RESIDENCE [Where decessed lived, If Institution: Residence before edmission] HEALTH DEPI 1. PLACE OF DEATH Page e. COUNTY e. STATE b. COUNTY ral director. Page Cecil c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Elkton Marwick Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO Union Hospital 3. NAME OF Middle ve Pages 1, 2, and 3 to the 1. PM3. Page 5 may be retail a pages 1 and 2 with the St. t within 72 hours after deal Last 4. DATE Month Year DECEASED OF (Type or print) DEATH 1961 William 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Devs Hours WIDOWED T DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Md. Farmer USA form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wichael Carroll Sarrah Jane Hover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no. or unkown) | (If yes give we ror detes of service) Office along with for burial-transit permit. Michael Carroll. Warwick. Md. EDICAL EXAMINER: This certificate should be executed 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary Occlusion IMMEDIATE CAUSE (e) DUF TO removal, Conditions, if env. which (b) "pending" geve rise to immediate cause v (0 DUE TO (e), steting the underlying ecute the certificate, writing the word "pendin be forwarded to the Chief Medical Examiner" EAL DIRECTOR: Page 3 should be used as signated agent, prior to burial, cremation, or r PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DE 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes -Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER NAME (TypeR C Dodson MD. Rising Sun. Md. Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q40 P Burial 1961 Old Bohemia Cem. Warwick, Md. ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23., FUNERAL DIRECTOR VS. A15ME 5M 7/59

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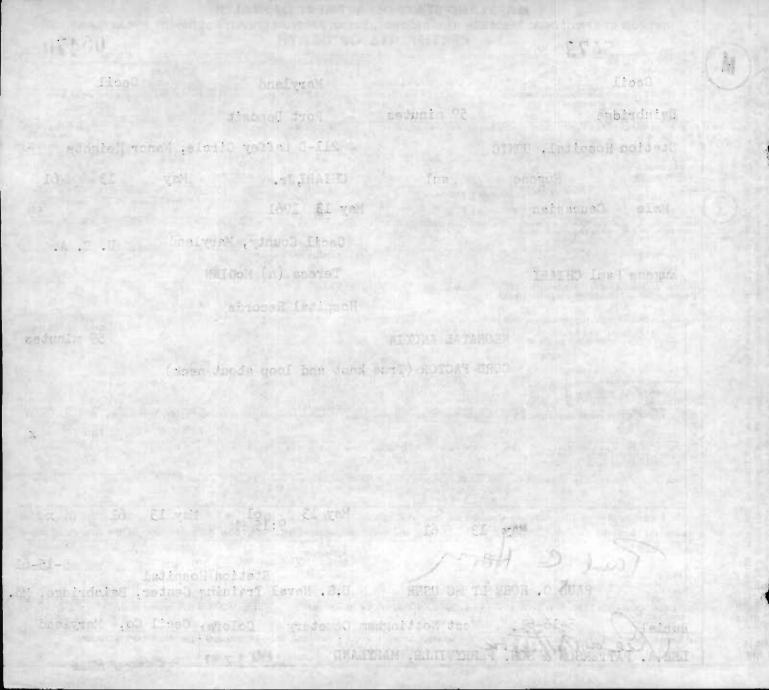
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. K. 1 W/1

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where deceased lived, If	institution: Residence before admission)
Cecil		e. STATE	b. COU	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Marylar		Cecil RURAL and give nearest fown)
write RURAL and giva naarast town)		c. CITY OR TOWN (I	outsida corporata limits, writ	a KUKAL and give nearest lown)
Bainbridge	59 minutes	Port De	eposit	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddrass)	d. STREET ADDRESS		. IS RESIDENCE
Station Hospital Manma		211_D Tot	Pfor Cimala 1	ON A FARM?
Station Hospital, USNTC	Middle	Last Last	ffey Circle, M	h Day Year
DECEASED			OF	n Day rear
(Type or print) Eugene	Paul	CHIARI, Jr.	DEATH May	
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years last birthdey)	
Male Caucasian widow	ED DIVORCED	May 13 1961	yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. 1	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Stata, or foraign country	
dona during most of working life, even if ratirad)				
19 PATHERIC MALE			nty, Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Eugene Paul CHIARI		Teresa (n) McGINN	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addres	s
(Yas, no, or unkown) (Ifyesgivawarordatasofsarvica)		Hospital Re	acarda	
18. CAUSE OF DEATH [Enter only one cause per	line for (a). (b) and (c))	MOSPIULI ME	corus	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.				ONSET AND DEATH
IMMEDIATE CAUSE (a) NEC	NATAL ANOXIA			59 minutes
DUE TO				
Conditions, if any, which \ (b) COR	D FACTOR (True	knot and loo	op about neck)	
gave risa to immediata cause			7	
(e), staining the underlying				
causa lest. (c)	MEDICAL TO DE LETT NAME AND ADDRESS OF THE PARTY OF THE P		ALL DISTAGE GOLDINGS OF	
PART II. OTHER SIGNIFICANT CONDITIONS CO.	NIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI				YES NO K
	SCRIBE HOW INJURY OCCURED	. (Entar natura of injury in F	Part I or Part II of itam 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm	, ' 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. While the p.m. 19 at wo		ory, streat, offica bldg., etc.		(County) (State)
p.m. 19 at wo	rk at work			
21. I certify that (I) (this hospital) after	nded the deceased from	May 13	1961 to May	13, 161., that (I) (Se) last
saw the deceased alive on May	13 10 67 and that	death occured at		
22e. SIGNATURE	mer	deam occured ar	, from the edusor	22b. DATE
12000	m		STAFF	SIGNED
1 and - 140	M		IRECTOR PHYS.	5-15-6
22c. PHYSICIAN'S NAME (Type) DATE C TYODA		22d. ADDRESS	Station Hospi	
PAUL C. HORN	LT MC USNR	U.S. Naval	Training Cen	ter, Bainbridge, Mo
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	
REMOVAL (Specify) 5 76 67	West Nottingha	m Cometowr	Colora, Cec.	il Co, Maryland
Dunian			'D BY REGISTRAR 2Sb. RE	
24 FUNERAL DIRECTOR'S SIGNOVARE HELLEN	ADDRESS		D DI REGISTRAR ZSD. RE	GISTRAR S SIGNATURE
LEEVA. PATTERSON & SUN, P	ERRYVILLE, MARY	LAND DATE	1 7 61	Color L'Hand
				10,7000



TO HOSP)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute thin 24 hours after death of the best of the hospital or attending physician.

TO FU CRAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115175 CERTIFICATE OF DEATH TICO

		3.400						004	
1.	PLACE OF DEATH					ceased fived, If i	nstitution: Res	idence before	edmission)
		CECIL	MARYLAND	PENNSYLV	ANIA	B. COUN	A'LLEGH	ENY	
	b. CITY OR TOWN (i	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	orete limits, write	RURAL and g	give neerest to	wn)
					PITTS	BURGH			
		TO CECIL MARYLAND R TOWN If outside corporate limits, RIVEN 15 quiside corporate limits, RIVEN 15 quiside corporate limits, RIVEN 15 quiside corporate limits, RIVEN POINT C. CITY OR TOWN (If outside corporate limits, write RURA CRIPKY POINT C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA PITTSBURGH C. CITY OR TOWN (If outside corporate limits, write RURA DIVORCED Last 1. DATE C. COLDA DEATH Month C. CITY OR TOWN (If outside corporate limits, write RURA DEATH Month C. CITY OR TOWN (If outside corporate limits, write RURA DEATH Month C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside or DATE 1. DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE 1. DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE 1. DATE C. CITY OR TOWN (If outside corporate limits, write RURA DATE 1. DATE C. CITY OR TOWN (If		-757		RESIDENCE A FARM?			
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3.	NAME OF DECEASED					Month		Dey Ye	ЭΓ
	(Type or print)					- 0		13 19	
5.	Male	Tulbito	A		9.	jest birthdey)		YS Hours	Min.
100 de	e. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y & State, or I	loreign country)	12. CITIZE	N OF WHAT	COUNTRY
	Machini		Unknown	PENNA.			US	A	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			,	
	ADAM	CZOLBA		JOSE	PHINE	LEWANDA	SKI		
15. (Y	WAS DECEASED EV	ER IN U.S. ARMED FORCES	ce)				ELDIL	T. T. XI.	
_	Yes	WW-1	Unknown Hos	pital Records	, VAH.	, Perry	Point	, Md.	
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	couse test.	A	rteriosclerotic :	Heart Diseas	e			Unkno	own
NO	PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE C	CONDITION GIV	EN IN PART 1	e) 19. WAS	AUTOPSY ORMED?
CAT	Aneury	rsm Of Thora	cic Aorta.					YES A	NO 🗌
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pe	ert I or Pert II	of item 18.)			
MEDICAL	20c. TIME OF INJU	RY Month, Dey, Yeer	to a			or town)	(County	γ)	(Stete)
MED		19	Transcentist transcent	ory, sileer, diffice bidg., etc.,					
	21. I certify t	hat () (this hospital)	attended the deceased fromD	ecember 15., 1	9. 44 Jo.	May 13.	, 19	6 Lihat (1)	(we) last
			m = 1=					e date state	ed above.
	22e. SIGNATURE			ATTENDING M	ED.	STAFF		22	b. DATE SIGNED
		a.L. moo	ney M		RECTOR 2	PHYS.		5-14-6	1
	22c. PHYSICIAN'S NAME (Type)	A.L.MOONEY	,M.D.,Ast.Clinica		,VAH,	Perry P	oint,	Md.	
23	BURIAL CREMATI	ON, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, tov	vn or county)	(Stete)
•	REMOVAL (Specify)		WENDELINS	CEMETERY	F	PITTSBUR	GH,	PENNA.	
24	FUNERAL DIRECTOR	1160	ADDRESS	25e, REC			SISTRAR'S SIG	GNATURE	
1	PENNTNICTO	NI RATIONI	Haure DeGrace Md	DATE	MAT 1 8	3 6	arthur	S. Kraya	

RUMBING THE PROPERTY OF THE PR Same start Will Describe and a LATERAL ROLLEY LILLIA STATES to je company de la company de AMIST Ma-1 . Helmon Housettal Associat, This Point, Mc. erathenel mitogani latimon v. - m orn wy tarorbotis STORT OF

sensoid drack of oreleasing.

eneury or CI Thornoic orta. 1.

A commence with the second of the second sec 135550118 1 B A.I. FORTA H. U. A. St. Climan P. Polos del, Vall. Petry Polos. No.

Unknown

nin 24 hours after TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours at death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me than director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1.50 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

15472 5481

Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
b. CIT OK TOWN (If outside corporate limits, write RORAL and git	in manual farms
write RURAL end give neerest town) Elkton	te usetezi (DAtu)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	. IS RESIDENCE
Union Hespital 119 Stocton Street	ON A FARM?
	ey Yeer
DECEASED OF	77 / 1001
(Type or print) Infant Dorothy Lynn Doles DEATH May	9, 196]
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list birthday)	
Female White widowed Divorced May 9, 1961 yrs. yrs.	3
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
	S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Jav Willen Barbara Ann Ellwood	
Jay Willen Barbara Ann Ellwood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
Jay Willen	
is the state of th	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PREVIOUSLY	3 lines
	7.00
DUE TO	
Conditions, if any, which geve rise to immediate cause	
(e), steling the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY
Mo:	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUT	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work et work	(Stete)
Hour e.m. While Not While at work et work	
21. I certify that (I) (this hospital) attended the deceased from 5/9 to 5/9, 1967	that (I) (we) last
	data stated above
	22b. DATE
220 SIGNATURE ATTENDING MED. STAFF	SIGNED
M.D. PHYS. DIRECTOR PHYS. 3/1	2/6/
22cd ADDRESS (1 De ST ENT	6.00
NAME (Type) James L. Johason 245 E. Afth St Ellion	nse
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	(Stete)
PEMOVAL (Specify)	
Burial 5/12/61 Gilpin Manor Memorial Park, Elkton, Md	NIA TUDE
24 FORESTE DIRECTOR'S STORESTE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ralph 6. Nicks/Elkton, Md. DATE MAY 23'61 arthur 8.1	Travel

18428 M Premounty 12 1/2 12 17 242 E 14-16 24 ECET 14 notate L - 2 comete

FOR STATE

ay is necessary, TO DETACLEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any asy is necessary please-execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tarket director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Habit or its designated agent, prior to burial, cremation, or removel, and in any exemplifyin 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

3

Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE	, MARYLAN
5482	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	0547

1. PLACE OF DEAT	Н		2. USUAL RESIDEN	CE (Where decessed live		nce before edmission
	Cecil	MARYLAND	Ma:	ryland	OUNTY	ford
b. CITY OR TOWN	(if outside corporete limits,	LENGTH OF STAY IN 16		If outside corporete limits,		
write RURAL en	d give neerest town)					- 1 DE -
		ss than 24h		erdeen		
	ITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS			ON A FARM
Veterans	Administration H	ospital	418	S. Parke		YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month Day	
(Type or print)	STEPHEN	D.	FRANKO	OF DEATH M	lav 15	19 61
5. SEX	6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH		reers IF UNDER 1 YEAR	01
Male	White WIDOWED		9-15-96	last birtho	dey) Months Deys	Hours Min.
		OF BUSINESS OR INDUSTR				OF WHAT COUNTRY
done during most of we	orking life, even if retired)		H-5-21-31-31-31-31-31			
	an (Ret.) Poll	ce Dept.	Greece		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	James Franko (deceased)	Not availa	able from r	ecords	
	YER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. I	NFORMANT		dress	
Yes	If yes give wer or detes of service) 220-	-22-0744 Ho	spital Reco	rds. VAH. I	erry Poin	t. Md.
	DEATH [Enter only one cause per line		bprour mood	140, 1111, 1		TERVAL BETWEEN
	THE WAS CAUSED BY		owe beth To			NSET AND DEATH
~ -	IMMEDIATE CAUSE (e)	Pulmonary ed	iema, both lu	ings.		
	DUE TO				- 0 -	
Conditions, if en	y, which 2.	Arterioscler	otic heart d	isease.		
geve rise to immed	DUE TO					
(e), steting the u	underlying					
-	(c)	DUTING TO DEATH BUT NO	T OF ATED TO THE TENANT	NAL DISTASS CONDUCTION	I CONTRACTOR OF THE STATE OF TH	
5 PART II. OTHE	R SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT NO	I KELATED TO THE TERMI	MAL DISEASE COMPILION	GIVEN IN PART I(6)	PERFORMED?
5						YES NO
PART II. OTHE 20e. EXTERNAL C. PRIMARY Or CO CAUSE OF DEATH.	ONTRIBUTING	HOW INJURY OCCURED. (E	nter neture of injury in Par	t I or Pert II of item 18.)		
20c. TIME OF INJU	URY Month, Day, Year 20d. INJU	JRY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, ' 20f. (City or town)	(County)	(Stete)
20c. TIME OF INJU	While	Not While factor	ory, street, office bldg., etc		((2.0.0)
	19 et work				Parties and the same of the sa	
21. I certify the	hat I took charge of the remain	s described above, he	ld an Autopsy 🔭,	Inspection . In	quiry and	in my opinion
death resulted	from Natural causes x,	Accident, Suici	de, Homicide	, Undetermine	d manner	
	(1) 1 , 0	1.0	CHIEF MEDICAL	EXAMINER		
ACTUAL /	1 / 1 / De	1/1/1/1	ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
SIGNATURE 4	CON 0	0100	M.D. DEPUTY MEDICA			5-16-61
EXAMINER'S NAME (Type)	R. C. DODSON			city, town, or county)	dising Sun	
20 BURIAL, CREMATIC	ON, 22b. DATE THEREOF 22c	. NAME OF CEMETERY OR		22d. LOCATION (City,		(State)
REMOVAL (Specify	5/10/11	Angel Hi	11	Howno do	Cmana	
28. FUNERAL DIRECTO	0/1/9	ADDRESS			Grace, M	
o. POINTE DIRECTO	estroid Home		Md			
Fenring	on a son, havre	ac dradd,	DATE M	AY 1 9 '61	arthur S. Kr	aud

PRAME TO STADINGTED THEM INC. 25 LANGERS TO STADING STATE Lion Barr ord werry loint fees then 24hre, Ab wheen Istignol nottantaining against eduse .0 014 THE STEP OF STREET Tollar elali 37-21-8 olfceman (Pet, Police Dept, Creece afrones sort elections toh (besieven) parest send. Yes WH-L (220-22-07/4 Houpitel heconds, Yak, rerry reins, He. a termin fract successore tearth .5 · As care prize A Mosmog . D. A .H1. Have do dream, 111. Fernington Willon, Marry de Grace, Mr. of the contract of the contract of

OR AITENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPI death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. 5483	CERTIFICATE OF DEATH
DI SOP OF DESMI	

05474

e. COUNTY			2. USUAL RESIDEN	CE (Where decessed lived, If	institution: Residence before edmission
	Cecil	MARYLAND		ryland	Cecil
write RURAL as	(if outside corporete limits, nd give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write	RURAL end give nearest town)
Perry	PITAL OR INSTITUTION (if not in	5 days		berty Grove	Rural
			d. STREET ADDRESS		IS RESIDENCE ON A FARM?
. NAME OF	Administration		1		YES X NO
DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	ELI	Rober/	GRAYBEAL	DEATH May	15 19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers last birthdey)	
Male	White WIDO	OWED DIVORCED	3-5-95	66 yrs.	Months Deys Hours Min.
Oa. USUAL OCCUPA	ATION (Give kind of work vorking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farm		Farming	North C	amalina	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN		UDA
1 = 1 - 2 - 4	James M. Gravb	eal (deceased)	Sarah Ande	ers (deceased	a)
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		Address	~/
Yes	(If yes give wer or detes of service)	036-07-6842 Но	enitel Pear	anda WAU Day	rry Point, Md.
	DEATH [Enter only one couse p		aproar Reco	orus, van, rei	INTERVAL BETWEEN
	TH WAS CALISED BY		-4 - 7 /		ONSET AND DEATH
1 -20		ydrothorax, bil			36 hrs.
50%	DUE TO			blood)	
Conditions, if en	diete ceuse (b) Ki	upture of esoph	agus, spont	aneous, due t	36 hrs.
(e), steting the		unknown cau	se		
ceuse lest.) (c)				
PART II. OTHI	ER SIGNIFICANT CONDITIONS	Uremia	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	WAS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Pert II of item 1B.)	
20c. TIME OF INJ Hour e.m.	VA		CE OF INJURY (Home, fern ory, street, office bldg., etc		(County) (State)
21. I certify	that XXXXIIXXIXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tended the deceased from	May 10	1961 to May 15	, 19.61 хижжих жэ
					and on the date stated above
22e. SIGNATURE		The state of the s			22b. DATE
(a.L. moon	COM M.	DIAME -	MED. STAFF DIRECTOR PHYS.	5-15-6]
22c. PHYSICIAN'S			22d. ADDRESS	VAH, Perry Poi	
	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			
BUY ICL		West Not		West Nottin	
4 FUNERAL DIRECTO	O.E. FIG.			D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
Tyson Fu	neral Home, Ri	sing Sun, Mary.	Land DATE W	AY 1 8 '61	1 -1 0 4
					Lithia & House

IloeG	lealy,	TAN MARKET		Lios	70 U44
17.7	arout was	d 3 d	5 days	* 1.25	YTTOT
			intigacii na	ideans in infi	Voternino
15 61	with the state of	AMEYARO *	Trajas	TIE	
	55	~ · · · · · · · ·	Z.	eni ke	Male
ABU	Frilos	ro decol	galamal	19	Para
	(deceased) er	Sarah Ando	(decocas) faec	Janes R. Grayl	
Peter Iz.	da, val, Pent	oosi letimo	076-07-58k2 H	1-111	Ros
. W.C.L. 28	(4.1%) # 0 01%		Marchines, 18		
36 175.		result, anont	igose to endann walkaarn ew		
			<u> </u>		

TO THE TAKE OF THE STATE OF THE

N.E. W. Cliff aget. Chinteelrethologiet, VAR, Forry Foint, id.

Fig. 2-10 1/2/ estictions esticions, M.

FOR STATE HEALTH DEPT.

ay is necessary, al director. Page d for your files. of Health, TO DEF TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furwal din 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, gemation, or removal, and in any point within 72 hours after death.

or its designated agent, prior to burial, cremation, or removal, and in any

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

84 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05475

1. PLACE OF DEAT:	H		2. USUAL RESIDE:	NCE (Whare daceesed lived, I b. COL	If institution: Residence before edinission)
Cec	11	MARYLAND	Md.		ecil
	(if outsida corporete limits, d giva naarast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, wr	ifa RURAL end give nearest town)
d. NAMERICA	TAL OR INSTITUTION (if not in	DeO eA e	Newark R.I.	Jallela	I e. IS RESIDENCE
a					ON A FARM? YES NO
3. NAME OF	ion Hosp ital	Middle	1621 Not	tingham Road	
DECEASED (Type or print)		_		OF DEATH	40 6
5. SEX	George	Thomas	Halliday	9. AGE (In year	19 61 19 61 15 UNDER 1 YEAR 1F UNDER 24 HRS.
J. JEX	6. COLOR OR RACE 7. MA		. DATE OF BIRTH	last birthday)	Months Days Hours Min.
M ANGELINA	The state of the s	DWED DIVORCED	10-16-1883	77 yrs.	110 (1717) 05 1/1147 (1717)
	orking life, evan if retirad)	b. KIND OF BUSINESS OR INDUSTR	II. BIKIHPLACE (SIS	le or toreign country)	12. CITIZEN OF WHAT COUNTRY
Antique De	ealer		Marylar	nd	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N'NAME	
George	Thomas Hallie			information	
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Addre	" Newark, R.D.Del
no		221-22-9335 10	rae George 1	. Halliday 16	21Nottingham Rd.
18. CAUSE OF	DEATH [Enter only one cause				INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Leute Coronary Oc	and and an		ONSET AND DEATH
1 4/201		segres out offerth of	SCTUSTON.		
7201	DUE TO				
Conditions, if any	t - Paragraphic				
(e), steting the u	DI III TO				
cause lest.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
75					YES NO 🛖
PART II. OTHE	ONTRIBUTING	ESCRIBE HOW INJURY OCCURED. (I	Enter nature of injury In P	ert I or Pert II of item 18.)	
3 20c. TIME OF INJU			CE OF INJURY (Home, fa		(County) (Stela)
20c. TIME OF INJU		While Not While tact	ory, streat, offica bldg., e	16.)	
Pilit		remains described above, he	eld en Autopsy .	Inspection Inqu	uiry and in my opinion
death resulted		(TEER)			
deall resulted	T. D. Taldid Cadses	, Accident L, said	CHIEF MEDICA		
ACTUAL //	111/10/	ROLAPS	111		DATE SIGNED
SIGNATURE	KIND	- Cuico	M.D.	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	R.C.Dodson		Rising Address (Street	Sun Ma	6-1-61
22e. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	RCREMATORY	22d. LOCATION (City, tow	vn, or country) (State)
Burial	6/2/61	Silverbrook	Cemetery	Wilmingt	on. Delaware
23. FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR 246. RE	GISTRAR'S SIGNATURE
RO	4h 6 26	161/2 16T.	MADATES	UN 6 '61 O	Irthur S. Kraus
Tay	2100,150	you our	THE PARTY		D. Torano

I'o' Tio C .511 Deff. G. H. Mewerk R. D. Dell. notal! Inth work noth 1621 Nottingly 1000 BI recillation 92000. annod" 10-16-1883 . A. E. U noise Desidus beafweel noliterrolar on George Chomes Wallidge Nemark, R.D. Del. 221-22-9335 Irs. George T. Halliday 1621 obtinging Hd. Acate Co onery occlusion Rising Sun, 18. 6-1-61 R.S.Do con

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

85	CERTIFICATE C	F DEATH
(7(1)		

. . 05477

340.						Keg. Dist. I	No. Z U
1. PLACE OF DEATH o. COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (a. STATE Pa.	Where deceased	lived. If institution b. COUNTY	on: Residence b	efare admissian)
b. CITY OR TOWN (If outside corporate linguage) RURAL and give nearest tawn) Elkton	c. CITY OR TOWN (URAL and give	nearest tawn)		
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION Union Hospital	give street ac	ddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Baby	First	Middle Girl	Husfelt	4. DATE OF DEATH	May	th	Day Year 29 19 61
5. SEX 6. COLOR OR RAC White	7. MARRIE	DIVORCED	B. DATE OF BIRTH		P. AGE (In years last birthday) yrs.	Manths Day	FAR IF UNDER 24 HRS ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of war during most of working life, even if retire	k dane 10b. K ed)	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Ste	ate ar fareign co	untry)	12.CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
William Husfelt			Mary Giff	ord			
1S. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give wor or dates o	f service)		INFORMANT Villiam Husfe	lt. Not	Addi		.D.#1.
gave rise to immediate cause (o), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CO	(c)			RMINAL DISEASE	CONDITION GIV	'EN IN PART 1(c	PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCR	Placenta pre	RED. (Enter nature of injury	in Part I ar Part	II of item 18.)		YES NO
20c. TIME OF INJURY Month, Day, N Haur a.m. p. m.	While	Nat while	PLACE OF INJURY (Hame, for actory, street, affice bldg.,		ar lawn)	(Caur	nty) (State
21. I certify that I attended the alive an May 29 ACTUAL SIGNATURE AND PHYSICIAN'S NAME (Type) Wallace Ob 220. BURIAL, CREMATION, 22b. DATE THER	Ohen	ol, M.D.	M.DCecilton	ADDRESS (Str		d an the do	ate stated abave DATE SIGNES 5/31/6
Burial Specify June 1,	A CONTRACT OF	22c. NAME OF CEMETERY Johntown Ce			eville,	ur county)	(State)
23, FUNERAL DIRECTOR'S SIGNATURE	1301 L	Address Millington	/ 24a. R	EC'D BY REGISTE	RAR 24b. REGI	STRAR'S SIGNA	ATURE

D HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h pfter death. Page 4 may be the hospital or attending physician.

D FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 7, the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 haurs after death. TO HOSPITAL TO FUNER VS A1S (4) 1SM 9/SB

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			G. Land	ignor no tru	
		1-19			
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	metallical plant on		pri 60	in ≡ ¥*	
		Abyraches confered .			
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TO HOSPITA

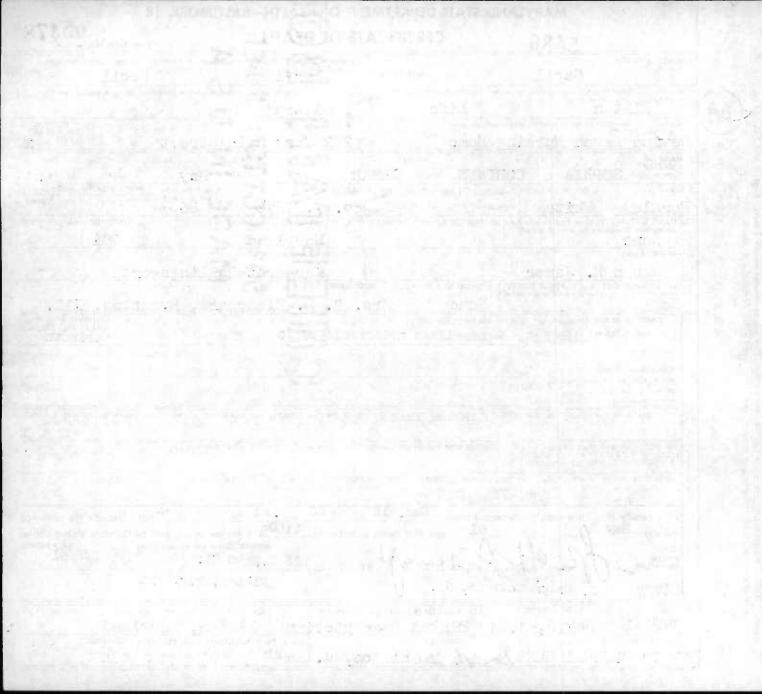
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05478 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. USUAL RES	aryla	ere deceased	b. COUNTY		-	admissi	on)
1	b. CITY OR TOWN (IF RURAL and give nec	arest town)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR			rote limits, write f	RURAL ond g	ive neare	st town)	
I	d. NAME OF HOSPITA OR INSTITUTION Devine Ha	AL (If not in hospital, oven Nurs.				d. STREET . 222		Main	Street	1		IS RESI	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print) SO	PHIA (CORI	NNE Midd	JAN	IAR	ost	4. DATE OF DEATH	May	nth 1	Day		ear 961
	sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARI		B. DATE OF BIRT	тн . 187	4	9. AGE (In years lost birthday) 86 yrs.	Manths		UNDEI Hours	R 24 HRS. Min.
	a. USUAL OCCUPATIO during most of warki NONE . FATHER'S NAME	N (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU		aryla s MAIDEN N	nd	ountry)		ISA	/HAT C	OUNTRY?
		H. Jamar					argar	et Ho	ollings	worth	t		
15 (Y	. WAS DECEASED EVER es. no, or unknown) (I	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	social security n		S. R.	H. Bl	ancha		ansto	n,	111	
	Conditions, if an gove rise to imcause (o), stoting the lying couse lost.	mediate Dus To)	neralized	arte	rios ėl ei	rosis					AND TOWN	
CERTIFICATION		er significant con								VEN IN PART		PERFOR	
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture	of injury in P	art I or Part	I II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. II While at wor	k at work	fa	ACE OF INJURY ctary, street, offic	ce bldg., etc.)	or town)	(C	ounty)	10	(State)
	21. I certify the alive on May ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	S. Ralph		and the		accurred at	2:40 233 E	.Main	the causes ar	store)	date s	tated	abave.
22	o. BURIAL, CREMATION REMOVAL (Specify) BULL AL	1.	0F 1961	22c. NAME OF CER Elkton					tion (city, town,	or county) rylan	ıd	(State)
	FUNERAL DIRECTOR'S	SIGNATURE ERAT. HOM	E. D.	ADDRESS	E1kt	on Md		BY REGIST		ISTRAR'S SIG			



FOR STATE HEALTH DEP TO DEP SCULL EXAMINER: This certificate should be executed within 24 hours after death. If an any is necessary, please scule the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the Icaar I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5.6.67 MFDICAL FYAMINER'S CERTIFICATE OF DEATH

5.4.79

0.3.0	<i>J</i> w						
I. PLACE OF DEAT	Н			ENCE (Where dec			nce before admission
-	cili	MARYLA	ND e. STATE		b. COUN	Chester	
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY		'N (If outside corpo			nearest town)
	d give neerest town)					75	x - 3
Cecilt	on R.D.	V151t.		cenamon		1-	IS DECIDENICE
d. NAME OF HOSE	TIAL OK INSTITUTION (IT NO	in nospitet, give street eddress,	d. STREET ADDRE	:22			e. IS RESIDENCE ON A FARM?
							YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Year
(Type or print)	George	C.	Jester	DEATH	5	28	1967
5. SEX		MARRIED NEVER MARRIED	1 8. DATE OF BIRTH	19.	AGE (In yeers	UF UNDER 1 YEAR	
***	-		9 00 300		last birthdey)	Months Deys	Hours Min.
M.		IDOWED DIVORCED	8-20-1905		55 yrs.		
done during most of we	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (S	tete or foreign cour	ntry)	12. CITIZEN C	OF WHAT COUNTRY
Contract	Carpenter	Carpenter	Del.			USA	
3. FATHER'S NAME			14. MOTHER'S MAIL	EN NAME			
Free	nk Jester		Clara F	Rennett			
		16. SOCIAL SECURITY NO.		YOUTH O'	Address		
Yes, no, or unkown) (If yes give wer or detes of service	(0)					
		183-07-3730	Danfard Mich	nael Jest	er Tou	ghkenamo	n. R.D.Pa
18. CAUSE OF	DEATH [Enter only one cau	se per line for (e), (b), end (c).]				IN	TERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	D				O	NSET AND DEATH
an a	IMMEDIATE CAUSE (e)	Drowned					
121 0	DUE TO						
Conditions, if en	(
geve rise to immed	DILL SO					164	
(e), stating the cause lest.	underlying						
Page 1997 April 1997	D SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	LIT NOT BELATED TO THE TEL	MINIAL DISTASE C	ONDITION OF	ENLINE DARK NO. 1.	10 WAS ALTONSY
5 PARI II. OTHE	K SIGNIFICANT CONDITION	45 CONTRIBUTING TO DEATH D	OF NOT KELATED TO THE TEN	CMINAL DISEASE C	ONDITION GIV	EN IN PART I(e)	PERFORMED?
PART II. OTHE D1. 20e. EXTERNAL C PRIMARY OF OT CAUSE OF DEATH	ved into rive	r to save his	son and did no	t come u	0_		YES NO
200. EXTERNAL C	AUSE WAS 20b.	DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury In	Pert I or Pert II of	tem 18.)		
PRIMARY or CO	ONTRIBUTING						
20c. TIME OF INJ		Dived into riv	e. PLACE OF INJURY (Home,	ameup.	an Internal	(C	164.4
	Monin, Dey, Teer	While Not While	fectory, street, office bldg.,	etc.)		(County)	(State)
16.30	5 28,61	et work et work	River	Ce	cilton	Cecil	Md.
21. I certify t	hat I took charge of th	ne remains described eboy	e, held en Autopsy	, Inspection	, Inquir	y , end	in my opinion
death resulted			Suicide . Homicie		etermined m		ти, оринон
dealli resulted	INdiural cause	Yectoelli T			eletititieg W	anner 🗌	
	111/1/16	101/110	CHIEF MEDIC	AL EXAMINER			
ACTUAL SIGNATURE	101/0	- Unne	M.D. ASSISTANT	MEDICAL EXAMINE	R	1	DATE SIGNED
			DEPUTY MEDI	CAL EXAMINER	1	B 3 - C - 7	
EXAMINER'S NAME (Type)	R.C.Dodson		Rising	Sun, Md.	ounty)	6	-2-61
20. BURIAL, CREMATA	ON, 22b. DATE THEREOF	22c. NAME OF CEMET			ON (City/town	or country)	(Stete)
DEMOVAL Specific	1 mm 5-19	1/1 harris	71:11	1/	2. th In	as el	1.0 P
Sund	Juna 1/	1 muon	144	1um	Wal Sol	rancins	ma. Val
23. FUNERAL DIRECTO	RUM A	ADDRESS	1 / 240.	REC'D BY REGISTRA		ISTRAR'S SIGNAT	
Mound	11:112 h	2. Heard han	mad.	JUN 5 '61	0	rthur S. Kr	alle
6/1/20 20 09	1111600 111	and the	DATE DATE	C D LL			

Chell got only P8.4 Visit. Cariknanon Cacilton R.D. 50 rete i George 8-20-2905 U.S.L. Del Control Carmenter Carpenter Glara Bennett Trunk Jester 183-07-3730 Danford Michael Jester Toughtenamon, R.D.Fa. ber ord

> . qu empo for bib bas nos aid evas of revir ofal bovid Dived into river and never cameun. lo-30 5 28 61 x Hiver Decilton

> > noche Long

Rising Sun, 'd.

(megans)

Y COMPANY

Cacil

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY New Castle c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARME YES NO Year May 13, 1961 19 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA Theodore S. Jones 129 E. Main St. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) _____, 196____,that I last saw the deceased and that death accurred at ______M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Farnhurst, Del.

NOF

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		a most with the		- and the
, For , San Ward	The state of	Linea Carant	fort, t yas	

tem 20b MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY Health, e. STATE b. COUNTY Cecil MARYLAND Connecticut b. CITY OR TOWN (il outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 0 Elkton d. STREET ADDRESS DOAfor Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State Schoolhouse Union Hospital Middle 4. DATE tould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the 18 Office along with form PM3. Page 5 may be to burial-transit permit. File pages 1 and 2 with the Staburial-transit permit. File pages 1 and 2 with the Staburial-transit permit. DECEASED (Type or print) Lamberson John DEATH May 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In yaers | IF UNDER 1 YEAR ! 8. DATE OF BIRTH last birthday) WIDOWED DIVORCED male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if ratirad) USA Water tanks Arkansas Construction foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Thrasher William Lamberson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 Schoolhodse Rd, Newton, Conn. (Yas, no, or unkown) | (If yas give war or dates of service) Mrs. John R. Lamberson 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).] EDICAL EXAMINER: This certificate should be executed PART I. DEATH WAS CAUSED BY: Fracture skull, fracture rt humerus IMMEDIATE CAUSE (0) Crushed rt side chest. removal, DUE TO Conditions, if any, which (b) gave rise to immediata cause "pending" 10 Examiner's DUE TO (e), stating the undarlying 98 ceusa last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION cute the certificate, writing the word Medical plnods 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING T forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent, prior to burial, Landed on his head falling from a tank 120 feet in air CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or lown) (County) While Not While fectory, street, office bldg., etc.) et work X el work Thiokol Cecil Co. Elkton. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x. Inquiry 5 Natural causes Accident Te Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S May NAME (Typa) Dodson. 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Concoridia Cemetery Hammond ₽40 p Burial 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Dee Elkton party 24 '61 Cirilian S. France

a. IS RESIDENCE ON A FARM?

YES TO NO

19 6]

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO TY

(Siela)

and in my opinion

DATE SIGNED

1961

(Stata)

Tridiana

Md.

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

funeral

FOR STATE

ay is necessary, TO DESCRIPTION. EXAMINER: This certificate should be executed within 24 hours after death. If an pay is necessar please excute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnarel director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board of Heath or its designated agent, prior to burlal, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5491 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 115160

1. PLACE OF DEATH a. COUNTY 2. USUAL R						SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)										
1	CECIL MARYLAND						AND	». STATE Maryland b. COUNTY Cecil								
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)					Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)									
		Perry Point		if not li	Hyn hospital,	s8mos9d	ays	d. STREE	Elkt T ADDRESS	on					. IS R	ESIDENCE
Ŋ	V	eterans A	dministrat:	ion	Hospi	tal			Rout	e #2						A FARM?
		NAME OF DECEASED	First			Middle	"	Last		4. DATE		Month	1	Day	Yee	
		(Type or print)	JO	- marie o		(NMI)		LONG	G.	OF DEAT	н М	ay	6		19	51
	S.	SEX	6. COLOR OR RACE	7. MA	RRJED X	NEVER MARRIED	8.	DATE OF BIE	TH		9. AGE (In		IF UNDER 1 YE	-	IF UNDER	
	M	fale	White		OWED 🗌	DIVORCED		July 1	+, 189	4	//	rs.	Months Da	ys	Hours	Min.
	10a	. USUAL OCCUPATION during most of wor	ON (Give kind of working life, even if retire	110	b. KIND O	F BUSINESS OR	INDUSTRY	11. BIRTHP	LACE (Slete	or toreign co	ountry)		12. CITIZE	N OF	WHAT	OUNTRY?
		alesman	and the transfer	,	Auto	mobile		North	1 Caro	lina			U	SA		
	13.	FATHER'S NAME						14. MOTHER	'S MAIDEN	NAME	The state of					
1	53	JONES 1	-0210					I	VANCY	KEY						
1	1S.	WAS DECEASED EVE	R IN U.S. ARMED FOI	CES?		AL SECURITY NO). 17. IF	NFORMANT	7		Ac	dress	8. 1819	F.		
		es	WW-I		Unkno	own	Hos	spital	Recor	ds, VA	AH., P	err	y Poin	t,	Md.	
			EATH [Enter only one	cause	per line for	(a), (b), and (c)	.]								RVAL BET	
			MAS CAUSED BY:		Cereb	ral Hem	orrh	age due	e to H	yperte	ension				Min.	
		331X	DUE TO													
		Conditions, if any	, which) (b)		Arter	rioscler	osis	gene	ralize	d and	cereb	ral		Ur	know	m
		gave rise to immedia	DITE TO					rately								1
		cause lest.	(c)													
	Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS	CONTRIBU	TING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE	CONDITIO	V GIV	EN IN PART 1	e) 19		
	ICATI		of 3rd, 4											Y	7.7	NO
	CERTIFICATION	20e. EXTERNAL CA PRIMARY Or COI CAUSE OF DEATH.		0b. DE	ESCRIBE HO	W INJURY OCC	URED. (En	iter nature of	Injury in Per	f f or Pert II o	of item 18.)					
	MEDICAL	20c. TIME OF INJUI Hour a.m.	RY Month, Dey, Ye	V	WhileN	OCCURRED :		E OF INJURY ry, street, office			ity or town)		(County	'}		(State)
		21. I certify the	at I took charge	of the	remains	described abo	ove, hele	d en Autor	syX,	Inspection	ı 🌉 , lı	quir	y K.,	and i	n my o	pinion
		death resulted fr	rom: Natural ca	uses	X, A	ccident,	Suicio	le [], I	Homicide	, Ui	ndetermine	ed m	anner 🗍			
			(1) 1/1	7	1	1		CHIE	F MEDICAL I	EXAMINER [1-1-1-1			
		ACTUAL SIGNATURE	aun	10	rec.	um		M.D. ASSI	STANT MED	ICAL EXAMI	NER			DF	TE SIG	NED
`		EXAMINER'S						DEPU	TY MEDICAL	LEXAMINER	X					
		NAME (Type)	R. C. DOD),			ess (Street,				ng Sun	, 1	1d.	1
	22a.	REMOVAL (Specify)		OF	22c.	NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	ATION (City,	lown,	or country)		(Stat	e)
		Burial	13/10/	6/		VATIONAL	CEM	ETARY		B/	ALTIMO	RE,	MARYL	ANI)	
1	23.	PUNERAL DIRECTOR	11.0		12 4	DDRESS		m/	-				ISTRAR'S SIGN		RE	
		Venny	Hontdan		Have	ich of	Race.	1119	DATMA	11 '6'	1	ant	hun S. to	aus		
		//			V		1									

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VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FLOB CEPTIEICATE OF DEATH 115181

243%	CERTIFICA	IL OI DEATH			Reg. Dist. No	. 00403
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Whe		ved. If institutio b. COUNTY	n: Residence before Cecil	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RUPA) and give nearest town)	LENGTH OF STAY IN 16 5 yrs	c. CITY OR TOWN (If ou	College College	a limits, write RU	IRAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION Devine Nursing Home	ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Emma		cCloskey	4. DATE OF DEATH	May 2	4,1961	ay Yeor
5. SEX Female 6. COLOR OR RACE White Widowed [DATE OF BIRTH April 24,18	375	AGE (In years lost birthdoy) 86 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	ID OF BUSIN ESS OR INDUSTR	Delaware		try)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME John Barber		14. MOTHER'S MAIDEN NO. Ellen Bi				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		ormant B.McCloske:	y 160	W.Main	"Newar Stree	k,Del.
1B. CAUSE OF DEATH [Enter only one couse per line for PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	mbroie			INT	ERVAL BETWEEN SET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse last.	eripoleity	Carling ins	nlar	disesse		helmour
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II	of item 1B.)		
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJU While of work to the p. m.		E OF INJURY (Home, farm, rry, street, office bldg., etc.)		town)	(County)) (Stote
21. I certify that I attended the deceased alive an Annual SIGNATURE SIGNATU	fram eff. 5, and that death a eno Ja M. NORENS JR	accurred af 30 P	M fram the		d an the date	w the decease e stated abave DATE SIGNE LY/6/
- PEMOVAL-(Specify)	c. Name of Cemetery or Chr	crematory istiana Cen		N (City, town, o		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRA		TRAR'S SIGNATU	

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	April 24.1879		elunia di no
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	The state of the s		
A North Control			
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FOR STAT ay is necessary, al director. Page TO DEV THEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any asy is necessary please that the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealing or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5493 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
05485

PLACE OF DEATH				2. USUAL RES	IDENCE (Wh	ere decease			Residen	ce before e	dmission
Cec			MARYLANI	a. STATE			b. COUN	Cecil	n		
b. CITY OR TOWN (if		ils, c.	LENGTH OF STAY IN 1			e corporata				nearest low	n)
write RURAL end g				× -							
d. NAME OF HOSPITA	LOR HISTHTUTION (it not in hospite	JO years	d. STREET ADD	erton R	leF.D.			-	I e. IS RE	SIDENCE
				1						ON /	A FARM
NAME OF	First		Middle			e mayo				YES	-
DECEASED (Type or print)		1675		Last	4. DA		Month	1	Dey	Year	-
	Lewis		Wilson	Morris	DE		>		26	19	61
SEX	S. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AG	E (In years birthday)	Months	1 YEAR Deys	IF UNDER	24 HRS. Min.
M	W	WIDOWED [DIVORCED	6-18-1930			O yrs.	Monnis	Deys	Hours	IVIII.
USUAL OCCUPATION during most of work			OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Slata or foreig	gn country)		12. CI	TIZEN O	F WHAT C	OUNTRY
110000000000000000000000000000000000000		100000000000000000000000000000000000000		204				II.	SA	191	
FATHER'S NAME	OTAL	Farm	THE	14. MOTHER'S MA	NDEN NAME		7-7-7-			•	
(1) amount	a II Massa	4		Addie I	24474						
WAS DECEASED EVER		CES? 16. SO	CIAL SECURITY NO. 17	, INFORMANT	Tagre		Addrass				
s, no, or unkown) (Ify	es give wer or deles of s	ervice)	00 00 (0								
10 GHILER OF PR		220	for (a), (b), and (c).)	Clarence I	i. Morr	18. 0	ecitt	on, I		ERVAL BET	
									ON	ISET AND	DEATH
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)			of akull	and abr	asion	s and	COMZ	ON	ISET AND	DEATH
PART I. DEATH	WAS CAUSED BY			of akull	and abr	asion	s and	COM	ON	ISET AND	DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		funeral	plnod	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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		MARYL	AND STATE D	EPARTMENT C	F HEALTH		
DIVISION	OF STATISTICA	L RESEAR	H AND RECORDS			ALTIMORE 1, MA	ARYLAND
54	94		CERTIFICAT	E OF DEAT	н		05488
. PLACE OF DEATH	H				ICE (Where decaese	d lived, If Institution: Re	sidance befora edmisslor
6. COOM	Cecil		MARYLAND	a. STATE Eng	land	b. COUNTY	
b. CITY OR TOWN (if outsida corporeta limi I giva nearest town)	its, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporete	limits, write RURAL and	give nearest town)
Perry		35y	rs.10mo.21d	ays Lan	cashire		01X-1
	TAL OR INSTITUTION (d. STREET ADDRESS			e. IS RESIDENCE
Veterans A	Administra	tion Ho	spital	4 Edmu	and Street	t. Darwen	YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Yeer
(Typa or print)	GEO		S.	NANSEN	DEATH	May 2	19 61
s. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		E (In yeers IF UNDER 1 Y	
Male	White	WIDOWED	DIVORCED	9-1-87	7	3 yrs. Months Da	ays Hours Min.
Oa. USUAL OCCUPAT	ION (Giva kind of work	10b. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & Stata, or foraig		EN OF WHAT COUNTRY
Sailor	•	Merch	of Business or industri ant Marines	England		US	SA
3. FATHER'S NAME				14. MOTHER'S MAIDEN			
Not av	railable f	rom rec	ords.	Not avails	ble from	records.	
Yes, no, or unkown) (I	ER IN U.S. ARMED FOR IT YES STORY OF STREET OF	Not a	vailable H	Informant Iospital Rec	cords, VA	Address H, Perry Po	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)		alomalacia d (embolism)	ue to circu	alatory di	isturbance	4 days
Conditions, if any			tion of my	cardium wit	h mural	thrombus	unknown
geve rise to immedi (a), stating the u causa last.	ieta cause	due t	o arterioso	elerotic con	conary the		unknown
PART II. OTHER	1-7	TIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES X NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCRII	BE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of ite	em 18.)	
20c. TIME OF INJU Hour e.m. p.m.	VA 19	er 20d. INJU While et work		ACE OF INJURY (Homa, far tory, street, office bldg., at		own) (Count	y) (Stete)
21. I certify t	hat XIX XIX X X X	attended	the deceased from.	June 30	1925, to Ma	y 21 , ₁₉ 6.	SKKXXKXXXX
The second secon			xxxxx and that		Odarfrom the	causes and on the	e date stated above
22e. SIGNATURE	0 > 5	one		ATTENDING PHYS.	MED. ST	AFF RYS. X	22b. DATE 5-25-6.
22c. PHYSICIAN'S NAME (Type)			st. Clinical	22d. ADDRESS	st, VAH,	Perry Poin	t, Md.

23d. LOCATION (City, town or county)

23c. NAME OF CEMETERY OR CREMATORY
Baltimore National 238 BURIAL CREMATION, 236. DATE THEREOF ADDRESS

Baltimore, Maryland
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Pennington & Son, Havre de Grace, Md.

DATEJUN 5

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FOR STATE HEALTH DEPT

TO DECT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ay is necessary, please a cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Items of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5495

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.5167

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1. PLACE OF DEAT:	H			2. USUAL RESIDE	NCE (Where dac			nce before edmission
Ce	cil		MARYLAND	a. STATE		b. COUNTY	DUNN	(D.
	if outside corporete limits,	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpor	rate limits, write R	URAL and give	neerest town)
	give neerest town)		few days	Memonic				
	TAL OR INSTITUTION (if	not in hosp		d. STREET ADDRES				. IS RESIDENC
			, 9	a. orkest Applies		X/ Y	_5	ON A FARM
						06/	1-3	YES NO
3. NAME OF DECEASED	First		Middla	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Peter			rson	DEATH	5	20	19 61
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF		IF UNDER 24 HRS
M	100	WIDOWED		5-23-1880		lost birthdey) A	Aonths Deys	Hours Min.
Oo. USUAL OCCUPAT	ION (Give kind of work	10b. KI	ND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (Ste	ete or foreign coun		1 12. CITIZEN C	F WHAT COUNTR
	orking life, even if retired)						77 C A	
Retired Fa	LIST	rar	ming	Menomoni			U.S.A	•
	h Dadamas							
	h Peterson			Julia Chi	ristopher	P		
	'ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
no		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Server Server of the	Mrs. Peter (. Peters	on. Venu	monde.	Wis.
	DEATH Enter only one co	ause per lin	na for (a), (b), and (c).					TERVAL BETWEEN
PART f. DEAT	H WAS CAUSED BY:		SOR ASSESSED				10	SET AND DEATH
	IMMEDIATE CAUSE (a)	A	cute Coronary	Occinsion				
1 420	DUE TO						1	
Conditions, if any	which) (b)							
geve rise to immed	DITE TO							
(a), stating the u	Inderlying							
	CONDITION CONDITION	ONS CONT	TRIBUTING TO DEATH BUT N	OT DELATED TO THE TER	MINIAL DISEASE CO	ONDITION CIVEN	LINI DART 1/- 1	IO MAS ALIXANS
PART II. OTHE	K SIGNIFICANT CONDITIO	0143 CO141	INDUING TO DEATH BUT I	OI KELATED TO THE TERM	WINAE DISEASE CO	ONDITION GIVEN	IN PART I(e)	PERFORMED?
								YES NO
PART II. OTHE 20%. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.		b. DESCRIE	BE HOW INJURY OCCURED.	(Enter nature of injury in I	Pert I or Part II of it	lem 18.)		
CAUSE OF DEATH.								
20c. TIME OF INJU	JRY Month, Dey, Year	20d. It		ACE OF INJURY (Home, fo		or town)	(County)	(State)
Hour e.m.		While	Personal Control of the Control of t	ctory, street, office bidg., a	etc.)			
p.m.	19	at work	Land			_	(many	
21. I certify the	hat I took charge of	the rema	ains described above, h	eld an Autopsy,	Inspection [Inquiry	, and	in my opinion
death resulted	from: Natural caus	ses	Accident . Sui	cide, Homicid	e , Und	etermined mar	nner 🗌	
3 J. T.	/11// n x	0	1	CHIEF MEDICA	L EXAMINER			
ACTUAL /	NY IN	49	Cla De	ASSISTANT M	EDICAL EXAMINE			ATE SIGNED
SIGNATURE			00,00					
EXAMINER'S NAME (Type)	R.C.Dodson				SAL EXAMINER	(a)y)		5-20-61
a. BURIAL, CREMATIC		F :	22c. NAME OF CEMETERY	R CREMATORY	22d. LOCATIO	ON (City, town, o	r country)	(State)
REMOVAL (Specify	5/27/6:	1	Little Elk La	ke Clemeters	Manan	anda W	ee.	
3. FUNERAL DIRECTO			PILLIE PIN TO	re cemerery	Menon	nonie, Wi	1000	
	R 10 6 11		6 ADDRESS		REC'D BY REGISTRA			URE
blistan	of Heller	utz;		- happy 40. R	REC'D BY REGISTRA	R 24b. REGIST	RAR'S SIGNAT	
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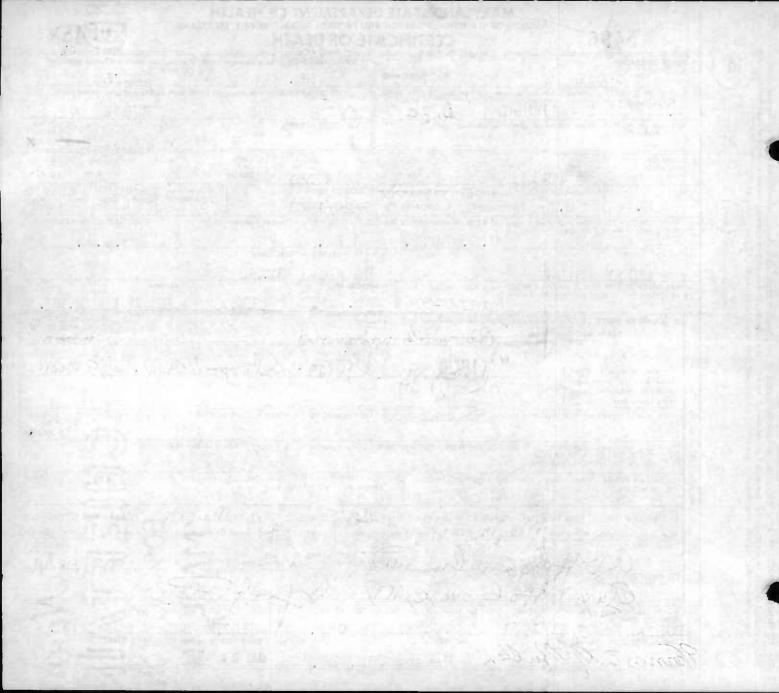
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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						alas Isa						
1.	PLACE OF DEATH	ECIL	1 00	MAR)	rLAND 2.	o. STATE MD			. If instituti b. COUNTY		-	mission)
	b. CITY OR TOWN (If autside corporate limi	ts, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If autside	carparote li	mits, write R	RURAL and g	ive negrest	town)
L	RISING S		RAL	4,7e		XRISING	3 SUN			RURA	L	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street add	dress)		d. STREET ADDRE	ESS				0	RESIDENCE N. A. FARM? NO
3.	NAME OF DECEASED (Type or print)	PHIL	st IP	Middle HENF		Lost RILE	C	ATE OF DEATH	Mor 5/	nth	Doy 17	Yeor 19 61
S.	M .	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		24/190]	L	9. AC los 50	E (In yeors t birthdoy) yrs.		Doys Ho	NDER 24 HRS. urs Min.
10	during most of wor	ON (Give kind of work of king life, even if retired))	S. GOVT.		PA .	(State or for	eign country			S.A.	AT COUNTRY?
13	B. FATHER'S NAME					4. MOTHER'S MAIL	DEN NAME				hr. adh a	
	HENR	Y RILEY			54.1	ANNA	MYER	S				
		R IN U. S. ARMED FOR		CIAL SECURITY NO). 17, INFO	RMANT	0. 0. ala della de		Add	ress		
	NO	(ii yes, give wor or outer or v	210	6_07=576	MRS	. PHILI	IP RI	LEY	R	ISING	SUN	, MD.
		ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	0	for (o), (b), and (c).	· mas	pois.					ONSET A	L BETWEEN IND DEATH
	Conditions, if a gave rise to it couse (a), stating lying couse lost.	ony, which) (b	K	all a	Sal	Algre	Josep.	rose	al Oa	perperio	19	(20)-
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS <u>CO</u>	ntributing to de	ATH BUT NO	T RELATED TO THE	TERMINALD	DISEASE CON	IDITION GI	VEN IN PART	PE	AS AUTOPSY REORMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY C	OCCURRED. (Enter nature of inju	ry in Part 1	or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yes	While _	URY OCCURRED Not white at work	20e. PLACE factor	OF INJURY (Home y, street, affice bldg	e, form, 201 g., etc.)	f. (City or to	wn)	(C	ounty)	(Stote)
	21. I certify the	at (I) (this haspital	au In	the deceased	fram I that dea	th accurred at	19 Let	fram the	causes ar	, 19_ L and an the	that (l) (we) last ted abave.
	220. SIGNATURE	Drd-ola	12.001	alm F	Www.o	ATTENDING /	MED. DIRECTO	ST.	AFF YS.	1	Nan 1	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	NY TH	o la	ombe	Q'M	22d ADDRESS	(2	R	/		
23	Bo. BURIAL, CREMATIC	A. Jab. DATE THEREC)F	23c. NAME OF CEM	ETERY OR C	REMATORY	23d.	LOCATION	City, town,	or county)	(Stote)
L	BURTAL	5/21/19	961	BROOKVE	WI	CEM.	R	ISING	SUN		-	MD.
24	SUNERAL DIRECTOR	SIGNATURE	00.	ADDRESS			REC'D BY		25b. REG	ISTRAR'S SIG	A. From	
1/	WIMM C	.111-11 We	cus	RISIN	G SIIN	T MT DAT	TE MA	Y 22 '6	B	- money	is. PULLIN	man 4



FOR STATE HEALTH DEPT. TO DETAIN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please a cute the certificate, writing the word "pending" in pendi in item 18. Give Peace 1, 2, and 3 to the brand director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar of Thealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72-trays after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5497 MEDICA	IL EXAMINER'S	CERTIFICA	IE OF DEAT	115180
1. PLACE OF DEATH e. COUNTY	-	a. STATE	CE (Where decessed lived	, If institution: Residence before edmissi DUNTY
Cecil	MARYLAND	Md.		ecil
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16			vrite RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospitel, give Street eddress)	d. STREET ADDRESS	East R.D.	e. IS RESIDEN
				ON A FAR
NAME OF First DECEASED (Type or print)	Middle William Riv	last	4. DATE MOODE OF DEATH	Dey Yeer
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	g 23 9. AGE (In ye last birthde	1
M WIDO		23-2895 Au	18961 64 yrs	months boys trouts min
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steel	or foreign country)	12. CITIZEN OF WHAT COUNT
Guard at Fiber Plant	Guard	News Jera	O.V.	U.S.A.
3. FATHER S NAME	1	. MOTHER'S MAIDEN	TWIME	
Jewis Rinkerman 5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INI	No info	rmation Add	
Yes, no, or unkown) (Ifyesgivewerordetesofservice)				
18. CAUSE OF DEATH [Enter only one cause p	220-03-0725 Mx	s. Gettrge	W. Rihkerman,	North East. Md.
PART I. DEATH WAS CAUSED BY				ONSET AND DEATH
IMMEDIATE CAUSE (e)	Acute Coronary (celusion		
420.0 DUE TO				Public Rel
Conditions, if eny, which (b)	5 minutes	7540-51-		
(e), steting the underlying DUE TO		1		
Z PART II. OTHER SIGNIFICANT CONDITIONS C		Hear Dise	NAL DISEASE CONDITION	CIVEN IN DART (a): 10 WAS AUTOR
PART II. OTHER SIGNIFICANT CONDITIONS	ONIKIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	HAL DISEASE CONDITION	PERFORMED
S SYTEDIAL CAUCE WAS LOOK DES	CRIBE HOW INJURY OCCURED. (Ente		4 1 0-4 II -4 IA 40 1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED. (Ente	er neture or injury in re	n i or Pen II of Hem (b.)	
	d, INJURY OCCURRED 200, PLACE	OF INJURY (Home, ferr	m, ' 20f. (City or town)	(County) (State)
Hour a.m. W		, street, office bldg., etc		(5.5.4)
21. I certify that I took charge of the r		an Autonsy	Inspection , Inc	uiry 🛣, and in my opinio
death resulted from: Natural causes				Manual Company
() 0 0 11		CHIEF MEDICAL		
ACTUAL // /	Joel 10	M ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
SIGNATURE /		DEPUTY MEDICA	L EXAMINER	
NAME (Type) R.C. Dodson		Rising	Sun, Md.	5-17-61
2a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, to	
Burial May 20, 196			Newark, D	
23. CUNERAL DIRACTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 24b. I	REGISTRAR'S SIGNATURE
K. I. Jours 16	words, well	DAMA	24'61	11-0 8 Km

Cools . . Morth Rest, R.D.

- 6 E

Morth Frst R. .

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William

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15 yrs.

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Mew Jersey

. A. B. U

no information

220-03-0725 Ers. Geirge W. Rinkerson, Porch East, Md.

Anthe Coron by colusion

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Arteriorel rotio Hear Disease.

5-17-61

E,C,Dodnon

Mising Sun, Md.

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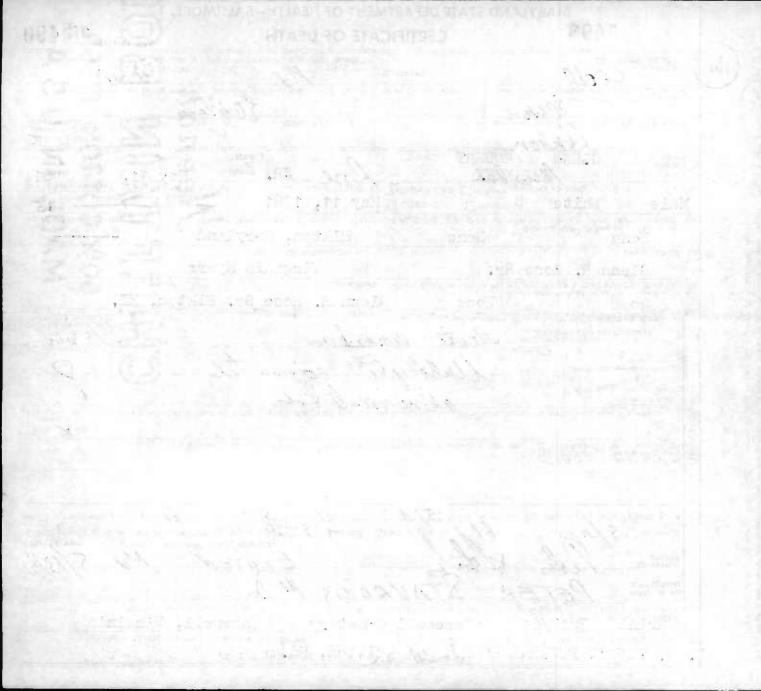
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
C			

F100		
5498	CEDTIEIC ATE (TE DEATH
0300	CERTIFICATE O	JF DEAIF

Reg. Dist. No. U549()

1. PLACE OF DEATH OCLO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE b.	If institution: Residence COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside carporote limi	rs, write RURAL and give	
d. NAME OF HOSPITAL (If not an jospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	BERT Middle	Lost JR 4. DATE OF DEATH	Marth May 11.	Day Year
7.7 20 3		B. DATE OF BIRTH 1961 9. AGE lost b	1 41 4 1	YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind af wark dane 10 during most af warking life, even if retired)	None	STRY 11. BIRTHPLACE (State or foreign country) Elkton, Maryland	12. CITIZEI	N OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Glenn R. Rose Sr		Virginia Myer	S	3.5
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT Lenn R. Rose Sr. El	kton, Md.	Partie
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	exta		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate DUE TO	Multiple	cong enital		2
lying cause last. (c)	alred	mali KHS.		/ '
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART T	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	escribe how injury occurre	D. (Enter nature of injury in Part I or Part II of ite	m 1B.)	
Haur a.m. Whi	L-	ACE OF INJURY (Hame, farm, 20f. (City ar town ctary, street, affice bldg., etc.)) (Cau	unty) (State
21. I certify that I attended the deced	11	1961, to 5/11	, 1964, that I last	saw the deceased
alive an 5 / // 19	and that death	occurred at 2		date stated abave
ACTUAL SIGNATURE	Unty,	M.D. ELKTON	Met.	5/13/6/
PHYSICIAN'S PETER	STAVR	AKIS, M.D.	mer mer ster stap only day star tax may see one day star may star	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 5/18/61	Tazewell C	emetery Tazewell	ty. town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURE
V. H. PIPPIN FUNERAL H	HOME Sonalyh DE	1kton, MARMAY 17'61	arthur & +	Trans
2045253XV3				1



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1	94	22		CEKTIFI	CAI	E OF DEAT	П		Reg. D	ist. No		XOI
1.	PLACE OF DEATH o. COUNTY	Cecil		MARYLAN		USUAL RESIDENCE (Wo. STATE Mary.		d lived. If instituti b. COUNTY	_	nce befo	re admis	sion)
	RURAL and give no	f outside corporate limited arest town) North East	its, write	c. LENGTH OF STAY IN 22 years		c. CITY OR TOWN (IF		rote limits, write R	RURAL ond	give ne	arest tow	m)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, s	give street	oddress)		d. STREET ADDRESS	.,				ON /	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fii Eth		Middle E. S	ch je	rup	4. DATE OF DEATH	Mor May	1th 30	th	ру	Year 19 61
5.	female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED [June 13th,	1906	9. AGE (In years lost birthday) 55 SLyrs.	IF UNDE Months	R 1 YEAR Days	Hours	DER 24 HR Min.
100	during most of work	ON (Give kind of work king life, even if retired Teacher	done 10b.	Junior High			or foreign of Jersey	ountry)	12.CI		S.A	COUNTRY
13.	Rasmus E	S.Schjerup			1.	4. MOTHER'S MAIDEN Ameli	NAME a Jacks	son				
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 85-20-4470		rmant 's B dward W	inner	North I		Mar	v1an	id
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	ne for (o), (b), and (c).]	left b	reast with	metasi	teris				THE C
CERTIFICATION	20a. ACCIDENT WA	me <u>under-</u>	DITIONS	CONTRIBUTING TO DEATH		5.8.9			VEN IN PA	RT 1(o)	19. WAS PERFO YES	ORMEDA
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Month, Doy, Ye	ar 20d. I While of wor	Not while	e. PLACE foctory	OF INJURY (Home, for , street, office bldg., et	m, 20f. (City	or town)		(County)		(Stot
	21. I certify the alive an	on, 22b. DATE THEREG	19 5 S H.	Huebner 22c. NAME OF CEMETER	M.D.	North North Nematory 240. REC	ADDRESS (S) East	the causes are treet, city or town,	stote)	5/ . Co.	BA 30 (Sto	ed abay
	JASEL	phy orange	North	h East, Mary	1 and	DATEIU	N 5 '6'	1 ari	Uma S.	Than	A	

CDIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to buriol, crematian, ar removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law req ned by the haspital or attending physician. TO HOSPIT TO FUNER may be VS A15 (4) 15M 9/5B

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ely filled in by the funeral director, Pages 1 and 2 should be filed with

Linear Landon Marie Control of Co dual discon times a superside The state of the s Mindred Park Land Co. St. De. Del Cale Cale Co. Mindred Co. Constitution and the second se

HEALTH DEP TO DEX. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please includes writing the word "pending" in pending in them 18. Give Peges 1, 2, and 3 to the fursal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremoval, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15.4(1)

- 1		tem	200 Pale 1 1 G =	200 5/11/61	cac		00432
		PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN		d, If institution: Rasi	idanca bafora admission)
-	\	Cecil	MARYLAND	* STATE Maryland	ь. (Harfe	ord
V	1	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corporata limits,	write RURAL and g	ive nearest town)
Y	1	write RURAL and give nearest town) Earlville	DOA	Havre De	Grace	199	14-2
7		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itat, give streat address)	d. STREET ADDRESS	01400	1040	. IS RESIDENCE
	-			228 Wilso		37147	YES NO
		NAME OF First DECEASED (Type or print) James Taylor	Middla Strowgune	Last	4. DATE OF DEATH	Month 0 5→ 2→	19 61
-	5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH		yaars IF UNDER 1 YE	
1		male white WIDOWED		11-10-39	last birth	Months Day	ys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work 10b. KIN	OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
-	_00	na during most of working lifa, avan if ratired)	on Chamilton I Ca	House De	Grace, Md.	II C	A
	13.	operator Hube	r Chemical Co	14. MOTHER'S MAIDEN		U.S.	A.
Н		And your Changer		W	26		
	15.	Andrew Strewgune WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	Margaret		idress	
		s, no, or unkown) (Ifyas giva war ordalas of servica)				Havre D	e Grace, Md.
	-			Phillis D. St	trowgune, 22	28 Wilson	St.
		18. CAUSE OF DEATH [Enter only one cause par lin PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH
ы		IMMEDIATE CAUSE (a) EXPOS	ure & drownin	8			
		DUE TO					
-	В	Conditions, if any, which) (b)			4		
		gave rise to immadiata cause (a), stating the undarlying DUE TO				2001 12:3	
		cause last. (c)		The same factor			
10	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(1	
7	Ĕ	Drowning in Susquehanna	River				PERFORMED?
	CERTIFICATION	PRIMARY TO OF CONTRIBUTING	E HOW INJURY OCCURED. (I	inter nature of injury in Part	I or Part II of itam 1B.)		
		CAUSE OF DEATH. Boat	•				
	MEDICAL	3535	JURY OCCURRED 200. PLA	ory, streat, offica bldg., etc.) !	(County)	(State)
A	ME		Kal work A Susqu	iehanna River	Havre De	Grace, H	larford, Md .
9		21. I certify that I took charge of the rema	ins described above, he	ld an Autopsy ,	Inspection _ Ir	nquiry 🙀, a	and in my opinion
1		death resulted from Natural causes .	Accident X, Suic	ide . Homicide	Undetermine		
7		12000	and allow	CHIEF MEDICAL E	XAMINER [
1		ACTUAL 4 1 1 1 TC	rechou	ASSISTANT MEDI			DATE SIGNED
0		SIGNATURE		DEPUTY MEDICAL			
		NAME (Type) R. C. Dodson MD	, Rising Sun,			5-	4-61
	228		2c. NAME OF CEMETERY OF		22d. JORATION (City,	town, or oduntry)	(Stata)
	/	5/6/6/	mail 17	20	Hand	glace	-0810-
)	23.	UNE AL DIRECTOR	ADDRESS	M 240. REC		REGISTRAR'S SIGN	ATURE
1	1	enougher 1 Va 1 ta	will the	ecc & NEX DATE	IAY 8 '61	arthur S.	Flores
4				- Sti DAIL			

Licot 201 4 Bayes De State of vivi monfil age James Pijlor Ford Sway 0.3 (00) Indien Siroigume . Di . ochio el esval distant THills 1. Stronge, Stanishon St., SETTEROUS SETUDOSTI Township in Duegoshima Mirang Justin Jane the the rate of the control of the control of the ord, the

Egym R. S. Bonson My , Balan von J. M.

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by ed in carbon pue physician evol attending pl ohysician. physic plant burial-transit peen the hospital or an his certificate has this c. for us. Health detached DIRECTOR: After if 3 should be detached death. 京

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Cecil Arlington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) 86 Days Perryville. Arlington a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 2809 -13th Road, YES NOT V.A.H. Perry Point. South NAME OF Middle 4. DATE DECEASED DEATH (Type or print) 19 61 RICHARD THAYER 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Florist Florist. Augusta, maine U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy B. Thayer Marion Appleton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or dates of service) WW TT 005-09-9116 Hospital Records - VAH. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritonitis due to extravisated contents of 6 Wks IMMEDIATE CAUSE (a) Visera DUE TO Irradiation effects for treatment of Conditions, if any, which gave risa to immadiata cause Undifferentiated Malignancy. DUE TO (a), stating the underlying (Abdominal Nymph node) cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? History of Seminoma YES KY NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (Cily or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not Whila Hour a.m. at work et work and that death occured at 3... P.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR K PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Dr A.L. MOONEY. Pathologist VAH., Perry Point, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 5/9/61 Augusta, Maine Burial Mt Hope Cemetary 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 EMNERAL DIRECTOR'S SIGNATURE MAY 1 9 '61 Chilling S. Thank

公司EE TOO A modurate the second second Lio, U · moderate fata. Syst 38 V.A.H. Party Point, 2809 - Eth Hotel, Tottla 16 Th OF MELLINE SALL. 5.14 = 5.14 - SCdamail. Cabical __12.3.5 miona rott loy S. Thayer Tes Will . in - steeped faither. atte-grade 3.... in of the object of the control of t to compress reference to make inserts their crombint od antiemency. (economical Inches) His Congress of Bendmantes enteres a M. Anne de Company de C 10/2/2 C Mooreche Dr A. D. M. Winst, Puthologist (- a W.H. & Corr. Point, M.S. ental lose de lotaro - trado et ecol de l Demonster of the plant of the way that is the state of the 5

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		5502	Jakin						00	705	-
1.	PLACE OF DEATH				2. USUAL RESID	ENCE (Where d			sld on ce	before e	dmisslon)
	a. COUNT	Cecil	WEDS	LAND	e. STATE	han Iswa	b. COUN	TY			
_	b. CITY OR TOWN (f outside corporate limits,	c. LENGTH OF ST			aryland	poreta limits, write	PIIDAL and	alve se	arest tou	(0)
		giva naarast lown)	C. ELINGINI OI JI	AT III IV	C, CITT ON TOW	in (ii odiside coi)	poreid innits, wine	NOKAE and	B/	01021 104	280
	Perry		35yrs, 10mc	.21da		altimore			V	1 1	11.00
)	d. NAME OF HOSPIT	FAL OR INSTITUTION (if no	at in hospital, give street edd	ress}	d. STREET ADDRE	ESS			-		A FARM?
	Veterans A	dministratio	n Hoenital		332	South Sw	boartte			-	NO
	NAME OF	First	Middle		Lost	4. DATE	Month		Dey	Yee	
	(Type or print)	4	(OF DEATE	4			10	,
_		ANDRE	7.1		HOMPSON		May		17	19	
Э.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED text 8	. DATE OF BIRTH		P. AGE (In years last birthdey)	-		Hours	24 HRS.
	Male	White W	IDOWED DIVORCE	ED 🔲	2-2-92		69 yrs.	Mollilla	475	riours	JANIE.
10	. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS O	R INDUSTR		County & State, o		12. CITIZ	EN OF	WHAT	OUNTRY?
ac	_	rking lifa, even if retired)	-		20 2			720			
13	Farme FATHER'S NAME	r	Farming		Marylan			US	jA		
10.											
	Not		from records		Not avai	lable i		ords			
		ER IN U.S. ARMED FORCES Tyes give war or detes of servi-		10. 17. I	NFORMANT		Address				
	Yes	WW I	Not availabl	e Ho	spital Reco	onds WA	U Panmi	Point	, M	4	
			se per line for (e), (b), end	(c).]	Shroar Heci	or do , vr	TI TOLLY	TOTH	INTER	VAL BET	
		H WAS CAUSED BY:	Honotic com							TANDI	
	~ ~	IMMEDIATE CAUSE (+)	Hepatic com	la					-	36 h	rs.
	20	DUE TO									
	Conditions, if any	, which) (b)	Obstruction	of c	common bile	duct, s	evere		6-	8 we	eks
	geve rise to Immedi	PULL TO									
	(a), stating the use couse lest.	ndariying	Chronic pan	ament	1+10				223	nlma	T. Hen
7		SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA			PAINAL DISEASE	CONDITION GIV	EN IN DART		nkno	UTOPSY
Õ	TAKI II. OTTICE	SIGNIFICATIVE CONDITION	NO CONTRIBUTING TO DEA		T KEENTED TO THE TE	AMILIANE DISEASE	CONDITION GIT	F14 114 (520)	(a) 17.		RMED?
S			Diabetes mel	litus	3				YE	5	NO I
CERTIFICATION	20a. ACCIDENT W.	AS UNDERLYING 20	b. DESCRIBE HOW INJURY	OCCURED	. (Enter nature of injury	in Pert I or Pert	Il of item 18.)			- 1	
CER		MEDICAL EXAMINER)									
Y	20c. TIME OF INJU	RY Month, Day, Yaer	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home,	ferm, : 20f. (Ci	ty or town)	(Coun	ty)		(Stete)
MEDICAL	Hour a.m.		While Not While	fact	ory, street, office bldg.,	etc.)					
W	p.m.	VA 19	et work at work								
	21. I certify t	hat (Italian tracite)	attended the decease	d from	June 17	, 1925 to	May 18.	19.6	1 the	ab(ibd	xxx)dex
	The state of the s		600 *** 600 60 ***								
	22e. SIGNATURE		DUDBINGCICLOGO			-0 0-7 pm					DATE
	(i I man	-0.0.1		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			E .	SIGNED
	22c. PHYSICIAN'S	1.4. Moo	ruy	M	D. PHYS.	DIRECTOR			-	7	TO-OT
	NAME (Type)	A T MOONITY	1-4 074-4	7 D		Trau D	anny Poin	+ Md			
		A.L. MOONEY			athologist,						
23	BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(5	tate)
Í	REMOVAL	- 5/23/1	9/1/ Ralti	more	National	Ral	timore.	Md.			
24		's SICHATURE	ADDRESS				STRAR 256. REG		IGNATU	RE	-
	Forman and	11 10	/	Md		3.1031	4	. 0	4		
	Jeenbroeg G	hard town flat	re de Grace,	MICE	DATE	MAY 25 '6	1 0	Thus S.	Thank		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. VR A15 (4) 15M 9/60

SALA ndid | clair Man 17 15 Mar 18 18 10 Man 19 25 Mar 18 Mar 19 Man 19 Mar 18 Mar 19 Mar a.1. sount last. Timbers Pathologist, Vill. Perryledge, Id.

Perry rolls on Sire. 1000. Aldays Clare Localing Whinington World Land Committee Commi IN TELESCORE (INT) - INCOME. 26-2-2 Farner Farner Land abroost more aldallava foll saves of more singlisve foll ist aniol greet HAV, abrosed isticace | eldeltave Joll | Forty Tolme, Ed. 36 376 Paper big count chaves the distriction to destroy the distriction algitarionsq cincent

A STATE STATE STATE OF STATES STATES

Charles Christian Carro at Bate, 14.

10-31-3

FOR STATE

TO DET IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are not as is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Dages 1, 2, and 3 to the turneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Rage 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. He pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Divis

ion of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0549

1. PLACE OF DER	rdr.)			2. USUAL	RESIDEN	CE (Where dece	esed lived, If i	nstitution: Re	sidence before	edmission)
e. COUNTY	Cecil		MARYLAND	e. STATE	Month	Caroli	b. COUN	TY		
	(if outside corporete lim	its, c.	LENGTH OF STAY IN 1			If outside corpor		RURAL and	give nearest to	wn)
write RURAL a	nd give nearest town)	22.	irma lima 1da:							
A NAME OF HOS	Perry Point		yrs.4mo.lda;		ADDRESS	Ington			1 0 15	RESIDENCE
	Administrat			1820		cott Ave	nue	OX	10	n MAOV
3. NAME OF DECEASED	First		Middle	Last		4. DATE	Month		Day Ye	er
(Type or print)	ISA	AC	G.	TILLERY		OF DEATH	May	28	19	61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	TH			IF UNDER 1 Y	EAR IF UND	R 24 HRS.
Male	White	WIDOWED	DIVORCED	7-9-93			67 yrs.	Months De	Hours	Min.
	TION (Give kind of working life, even if retire		OF BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (Stete	or foreign count	ry)	12. CITIZ	EN OF WHAT	COUNTRY?
Clerk	2, 0		L. Railroad	Vi	rgini	8.		US	SA	
3. FATHER'S NAME				14. MOTHER				1 010		
Leon	B. Tillery			Mas	daler	ne Lynch				
5. WAS DECEASED I	VER IN U.S. ARMED FOR		CIAL SECURITY NO. 17	INFORMANT	3	20/ 22022	Address			
Yes, no, or unkown)	(!!yesgive werordetesofs		available	Hognid	od Fo	anonda.	WAT DO	mmir Do	int M	A
	DEATH [Enter only one			позрт	AT Ve	ecords,	VAII, PE	rry PC	INTERVAL B	
	TH WAS CAUSED BY:			2					ONSET AND	DEATH
	IMMEDIATE CAUSE (e)	Arter	iosclerotic	heart d	Lsease	e, sever	e.		15 mir	1.
4-2	DUE TO									
Conditions, if e	ny, which) (b)	Arter	iosclerosis	, genera	lized,	, severe				
geve rise to imme	DIE TO									
(e), steting the	underlying (c)									
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1	(e): 19. WAS	AUTOPSY
À									PERF	ORMED?
PART II. OTH	CALISE WAS	OL DESCRIPT	HOW BUILDY O CCUPED	4F-4	-1 1- D	4 ft Pr 10 - 4 24	10.1		YES K	NO [
	ONTRIBUTING	OD. DESCRIBE	HOW INJURY OCCURED	. (Enter hature of I	njury in rer	T I OF PORT II OF IT	om 18.)			
20c. TIME OF IN Hour e.m		While		LACE OF INJURY ectory, street, offic			r town)	(County	у)	(Stele)
21. I certify	that I took charge	of the remain	s described above,	held an Autop	sy X.	Inspection	X. Inquiry	/ K.	and in my	opinion
death resulted	Mon: Natural co	uses X.	Accident . Su	icide	lomicide	II. Unde	termined ma	anner 🗍		
/	11010	A			MEDICAL					
ACTUAL /	WYIN	12011	1/211							
SIGNATURA	0000			M.D.		ICAL EXAMINER			DATE SI	1.
EXAMINER'S NAME (Type)	R. C.	DODSON				L EXAMINER	unty) Ris	ing Su	5/29 in. Md.	/61
20. BURIAL, EREMAT	ION, 22b. DATE THERE	OF 220	. NAME OF CEMETERY			22d. LOCATIO				ete)
BUR IAL	6/1/190	51 A	rlington N	ational		Arling	ton, V	a.		
23. FUNERAL DIRECT	Hewling	ne	ADDRESS		24e. REC	'D BY REGISTRA	R 24b. REGI	STRAR'S BIG	MAZURE	
Joseph Ga	wler's Son	8, 1756	Penna Ave	p.N.W.	14	AY 3 1 '61	Ch	will a.		
			wash.). '().	DATE					

A ageves to the property and an incremendation of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 550 PLACE OF DEATH HEALTH DEET 2. USUAL RESIDENCE (Whare dacaesed lived, If institution: Rasidence before edmission) e. COUNTY for your files. Soard of Health, e. STATE b. COUNTY Cecil MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerast lown) E1kton Elkton h hours d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, giva straat address) d. STREET ADDRESS refained State 8 Union Hospital 292 Hollings Manor NAME OF Middla DATE DECEASED (Type or print) Ellis Tweed, Jr. DEATH Norman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Const. Maryland Equip. Oper. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman Ellis Tweed, Sr. Blanche Me Dowell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give wer or datas of service)

over body.

Not While

at work

ADDRESS

Accident -

et work

21. I certify that I took charge of the remains described above, held an Autopsy

M.D.

fectory, street, office bldg., etc.)

Homicide I

CHIEF MEDICAL EXAMINER

Rising Sun.

MODATE JUN 5

Park

Route

Suicide

22c. NAME OF CEMETERY OR CREMATORY

Gilpin Manor Memorial

Elkton.

18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]

DUE TO

DUE TO

Month, Day, Year

R.C. Dodson

Natural causes

PART I. DEATH WAS CAUSED BY:

Conditions, if eny, which

geve rise to immadiate cause

(e), stating the underlying

PRIMARY TO OF CONTRIBUTING

220. BURIAL, CREMATION, 226. DATE THEREOF

cause last.

CAUSE OF DEATH.

20c. TIME OF INJURY

death resulted from:

ACTUAL

SIGNATURE

EXAMINER'S

REMOVAL (Spacify) Burial

NAME (Typa)

23. FUNERAL DIRECTOR

CERTIFICATION

IMMEDIATE CAUSE (a)

e. IS RESIDENCE ON A FARM? YES NO Month 19 AGE (fn years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U-S-A-Address Norman Ellis Tweed. Sr. Elkton. Md. INTERVAL BETWEEN ONSET AND DEATH Fracture base of skull left femur abrasions both arms face back Lacerated scalp multiple bruises PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO T Was dragged under car

20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of itam 18.) Was throwned from motor bike in front of car. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stote) Elkton Md. Inspection K. Inquiry and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or country) (Steta) Elkton. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Circhan S. Frans

ay is necessary, val director. Page of for your files. nould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the loftice along with form PM3. Page 5 may be retaburial-transit permit, File pages 1 and 2 with the Simoval, and in any event within 72 hours, after deamoval, and in any event within 72 hours, after deamoval. MEDICAL EXAMINER: This certificate should be executed removal, "pending" sase execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a 9 cremation, burial, prior to agent, designated 940 VS. A15ME 5M 7/59

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en Ale		com e	SPR Holling		fathqeof no	inu
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	. A. 2. U					
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	.bu enoin	Tweed, Sr. E	crem allis	215-34-1327		ON
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TOTAL THE STATE OF THE STATE OF THE STATE BURNING AND THE STATE OF THE

TO FUNER

VR A15 (4) 1SM 9/59

5505

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05497

	a. COUNTY	Ceeil		MARYL		o. STATE Mary	here deceased and	b. COUNTY		befare adm	iissian)
	PORT DEP	autside carporate limit arest tewn), Rui	ral c. LEN	GTH OF STAY II	V 1Ь	c. CITY OR TOWN (IF				e nearest to	wn)
	d. NAME OF HOSPITA	AL (If not in hospital, gi	ive street oddress	i)		d. STREET ADDRESS Manor	Hei	ghts		ON	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Nora	st	Middle	Wh:	itaker	4. DATE OF DEATH	May		15	Year 19 61
-	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED		et.7, 186	-	9. AGE (In years lost birthday) yrs.		EAR IF UN	
100	during most of warki	N (Give kind of wark of the life, even if retired)	iane 10b. KIND (of Business or		11. BIRTHPLACE (State		untry)	12.CITIZE	S A	TCOUNTRY
13.	Samuel		Whi	taker	1	4. MOTHER'S MAIDEN Margare		White	lock		
15.	WAS DECEASED EVER	IN U. S. ARMED FORG		L SECURITY NO.	17. INFO				Iress		
(No or unknown) {	r yes, give wor or oures or se	rvice;		01:	lie Whi	taker,	Port :	Depos	Lt Me	R F
	Canditians, if an									116	XID.
NO	gove rise to in couse (o), stating to lying couse lost. Part II. OTH	he under- DUE TO		BUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART 1	(a) 19. WA	S AUTOPS)
CERTIFICATION	PART II. OTHI	The diate he under (c) ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH	DITIONS CONTRI			T RELATED TO THE TERM		331.6	VEN IN PART 1	(a) 19. WA PER YES	FORMED?
MEDICAL CERTIFICATION	Couse (o), stating to lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY IF	The diate he under (c) ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE H	IOW INJURY OC	CURRED. (E		Part 1 ar Port	11 of item 18.)	VEN IN PART 1	YES (NO NO
	Couse (o), stating to lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY IF HOUR o. m. p. m. 21. I certify that	ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Yea 19	20b. DESCRIBE H	OCCURRED 2 lot while the work 2 lot of the lot while the lot of th	CURRED. (E	OF INJURY (Hame, for, street, office bldg., et	m, 20f. (City	11 af item 18.) ar tawn)	(Cou	YES ((Stote
	couse (o), stating to lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE	mediate he under: DUE TO DUE TO (c) ER SIGNIFICANT COND S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Yea	20b. DESCRIBE H	OCCURRED 2 lot while the work 2 lot of the lot while the lot of th	CURRED. (E	OF INJURY (Hame, far, street, office bldg., et	m, 20f. (City	11 of item 18.)	(Cou	res (I) that (I)	(State
	Couse (o), stating to lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A low many many many many many many many many	ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Yea 19	20b. DESCRIBE H	OCCURRED 2 lot while the work 2 lot of the l	CURRED. (E	of INJURY (Hame, far, street, office bldg., et accurred at ATTENDING APHYS.	m, 20f. (City tc.) taM, fram to	ar tawn) The cause ar	(Cou	res (I) that (I)	(Stote

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Memor losant Manor losants (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ilvet in the	hanlyana		Fises	
Total (15) 15) 15) 16) 16) 16) 16) 16)	Amada	saged dang	873.1	Laura , 51 de	ed Trey
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FOR STATE HEALTH DEPT

L. EXAMINA his certificate should be executed within 24 hours after the lift are by is necessary, iicate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundal director. Page to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, prior to burial, cremation, or removal, and in any event within 77 bours after death.

TO DEM. MEDICAL please execute the certif 4 should be forwarded TO FUNERAL DIRECT	or its designated agent,
VS. A15ME 5M 7/59	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5498

	1.12								,,,
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Whare d			nce before e	dmission)
e. COONT		Cecil	MARYLAND	a. STATE M	larylan	b. COUN	Cec	17	
	f outside corporete lim		c. LENGTH OF STAY IN 16	c. CITY OR TOWN			990	min solu.	n)
Chesapeak	giva nearest town)	M	45 Yrs	Chesape	ake Ci	tr			
		if not in hosp	vilel, give street eddress)	d. STREET ADDRES		. 0 y		l e. IS RE	SIDENCE
				1				YES TO	NO [
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year	
(Type or print)	DANIEL		YONKO		DEATE	May	22.	196	51
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. PARSOF BIRTH	19	AGE (In years		IF UNDER	24 HRS.
Male	White	WIDOWED		Proces. 14.	1876	last birthday)	Months Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of wor	k 1Db. KII	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Ste		untry)	12. CITIZEN C	OF WHAT C	OUNTRY?
Laborer	rking lifa, aven if retire	d)	S Govt.	Austri	0		TTCLA		
13. FATHER'S NAME		1 0	D dove.	1 14. MOTHER'S MAIDE			USA	-	
	o Info.								
15. WAS DECEASED EVI		2CES? 14 9	SOCIAL SECURITY NO. 17.	INFORMANT	Info.	Address			
(Yes, no, or unkown) (If									
No			lone Pa	auline Yon	ko Che	sapeake	City,	Md.	
	H WAS CAUSED BY:		ne for (e), (b), and (c).]				IN OI	TERVAL BET	WEEN EATH
	IMMEDIATE CAUSE (a)	(Cardio-nephi	ricic				2 Y	rs.
442	DUE TO						Maria N		
Conditions, if any	, which) (b)		Arterio-s	sclerosis			20.00	20 Y	rs
geve rise to immedi	DILLE TO								
(a), stating the un	ndariying						1 0 0		
PART II. OTHER	SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e)		
							74.7511	YES T	RMED?
20e. EXTERNAL CA	USE WAS 2	Ob. DESCRIE	BE HOW INJURY OCCURED.	(Entar nature of injury In P	Part I or Part II o	of item 18.)		163	NO FIE
PRIMARY OF CO									
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	While		ACE OF INJURY (Home, fe ctory, streat, office bldg., e		y or town)	(County)	((State)
21. I certify th	at I took charge	of the rema	ains described above, h	eld an Autopsy ,	Inspection	y Inquir	y v and	in my or	pinion
death resulted f	romy Natural c	auses 📆	Accident , Sui	cide , Homicid	le 🗍 . Ur	ndetermined m	anner 🗌		
	11. 110	0	0 1 1 10	CHIEF MEDICA	L EXAMINER	7			
ACTUAL	1/11/1/	XX	JAMINI	ASSISTANT M	EDICAL EXAMIN	VER 🗍	1	DATE SIG	NED
SIGNATURE		V	00,000	M.D.	CAL EXAMINER				
(.,,,-,	R. C. Dod		M. D.	Rising	May, to Mid.	ecounty)	May 22		
22a. BURIAL, CREMATIO REMOVAL (Spacify)			22c. NAME OF CEMETERY C			TION (City, town		(State	2)
Burial	15-24-61	- Control	St. Roses C	emetery	Ches	apeake	City, N	Id.	
23. FUNERAL DIRECTO	R	0	ADDRESS		REC'D BY REGIST	RAR 24b. REG	ISTRAR'S SIGNAT	URE	
IPPIN FUNE	CRAL HOME	No.	est Du B	lkton, Md	MAY 2 4 '8	1			
		1000		, 3/110 }	7 1		Shar I to	100 10	

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FOR STATE

TO DETAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at a lay is necessary, please acute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Nord director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, end in any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	ecil	MARYLAND	a. STATE Md.	NCE (Whare decaased	b. COUNTY Ceci	sidence before admission)
b. CITY OR TOWN (if our write RURAL and give E] K TOI	tsida corporata limits, e nearast town) 1	D.O.A.		(If outside corporate line, R.F.D.	mits, write RURAL and o	give naarest town)
	or institution (if not in ho. 1 Hospital	spital, giva straat address)	d. STREET ADDRESS	S		IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	Adolph	Middle Yu	kenvi th	4. DATE OF DEATH	Table 1	29 19 61
S. SEX 6.	COLOR OR RACE 7. MARRII		B. DATE OF BIRTH 12-11-189		(In years IF UNDER 1 YI Direhday) Months Da	EAR IF UNDER 24 HRS. Hours Min.
dona during most of working	lifa, evan if retirad)	tind of Business or Industrial Chicken Farm	Lithawi	na		S.A.
33. FATHER'S NAME Stanle	ey Yukenvith	1	14. MOTHER'S MAIDEN Steph	nia Gessa	avich	
1S. WAS DECEASED EVER IN (Yas, no, or unkown) (Ifyes	V U.S. ARMED FORCES? 16. giva war or datas of service)	SOCIAL SECURITY NO. 17.	John Mart	inuk, Ell	Address R.D.	.1 Md.
PART I. DEATH W	DUE TO	lina for (a), (b), and (c).] Acute Coron Arterio s		ion		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immadiate (a), stating the under cause last.	causa Due TO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
PART II, OTHER SIG		RIBE HOW INJURY OCCURED.	(Enter nature of injury in Pr	art I or Part II of itam 1	B.)	PERFORMED? YES NO
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 2Dd. Whil 19 at wo	eNot Whila fa	ACE OF INJURY (Home, factory, street, office bldg., e		vn) (County	y) (Slete)
	took charge of the ren		cide , Homicide	e, Undeter	Inquiry X	DATE SIGNED
EXAMINER'S NAME (Typa)	R.C.Dodson		the same of the sa	g EXSULF, SIM		-30-61
220. BURIAL, CREMATION, REMOVAL (Spacify) Burial	226. DATE THEREOF 6/4/61	Cherry Hil.	l Cemetery	Cherry		
23. FUNERAL DIRECTOR	E. Hicks	Elletan.	md. DATE	EC'D BY REGISTRAR	246. REGISTRAR'S SIG	

Lagranda mostal and by each in the same of the barrier in the same in the same of The second tenter and the second Color Mar distillation of the color of the the state of the property of the party of the court The Leading Country Country of the land the state of the s figure 1.0.

FOR STATE HEALTH DEPT.

TO DECENT MEDICAL EXABINER: This certificate should be executed within 24 hours after death. If the play is necessary, please a secure the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the torteral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 12 Hours after death. VS. A15ME

5M 7/59

	MARYLA	ND STATE DE	PARTMENT OF	HEALTH		
Division of STATISTICA	L RESEARCH	AND RECORDS,	301 W. PRESTON	STREET, BAL	TIMORE 1, A	MARYLAND
STATISTICA O O O O O O O O O O O	EDICAL EX	AMINED'S	CERTIFICATE	OF DEA	TH	0549

1.	PLACE OF DEATH		1 tem	/ Film	n U200	2. USUA	RESIDE	NCE (Where	decessed lived, If	institution: Re	sidence before	admission)	
	e. COUNTY	Ceci	1		MARYLAND	a. STAT	Pen	na.	b. COU	Del Del	1. Co.	×	
1	b. CITY OR TOWN (if	outsida corporata lim give neerest town)	its,	c. LENGTH	OF STAY IN 16	c. CITY	OR TOWN	(If outside cor	porete limits, writ	a RURAL and	give necrest to	wn)	
F		Lkton		2분	Hrs			Medi	la		75	X	
	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in hos	pitet, give stre	eet eddress)	d. STREET ADDRESS o. IS RESIDENCE							
						H Gen	eral	Washi	Ington	Drive		NO ST	
3.	NAME OF DECEASED	First		Mi	iddle	La	st	4. DATE	Mont	h	Dey Ye	ar	
	(Typa or print)	JAMES	PA		particular or only	RLEY		DEAT	H May 3	1,	19	61	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER !	MARRIED [B. DATE OF B	IRTH		9. AGE (In years last birthday)			R 24 HRS.	
	Male	White	WIDOWE	DI DI	IVORCED [3/8/1	907	100	54 yrs.	Months D	ays Hours	Mîn.	
10 d	a. USUAL OCCUPATION during most of wor	ON (Give kind of work	k 10b. Kl	ND OF BUSIN	NESS OR INDUST	RY 11. BIRTH	PLACE (Stat	a or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?	
1	Photo.	king me, even it teme		uipmen	nt	I	enna	•		1	USA		
13	. FATHER'S NAME					14. MOTHE	R'S MAIDE	NAME					
	Edmoi	nd L. Zea	arley			M.C.S.Y	Effi	e Cole	ebank				
	. WAS DECEASED EVE	R IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECU	JRITY NO. 17.	INFORMAN	T		Addres	5			
1	es, no, or unkown) (If	yesgive weror detesots	party or	6-12-	4008 H	elen M	. Ze	arlev	Med	ia, P	enna.		
-	18. CAUSE OF DE	EATH [Entar only one	cause per li	na for (a), (b)							INTERVAL BI		
		WAS CAUSED BY:		Mang	led Boo	1v					ONSET AND	DEATH	
	1 300	DUE TO		A + WA + 5 -	104 100	4.3							
	Conditions, if any,		U4.	t by	Train(Railro	(be						
	gava rise to immedia	te cause				- SCORE - L. Z. C.	au j						
	(a), steting the un	darlying DUE TO											
z		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO	O DEATH BUT N	OT RELATED TO	O THE TERM	INAL DISEASI	CONDITION GIV	/EN IN PART 1	(a) 19. WAS	ALITOPSY	
18											PERF	ORMED?	
5	20e. EXTERNAL CA	IISE WAS 1 2	Oh DESCRI	BE HOW IN II	URY OCCURED.	(Enter nature of	injury In P	art I or Part II	of item 18)		YES	NO T	
CERTIFICATION	PRIMARY or COL	ATRIBUTING [T = 3. 2										
	20c. TIME OF INJUR		ilt b		in whi					co /Coent	me)	(State)	
MEDICAL	Hour a.m.		While	Not Whi	le fac	ctory, street, of	ice bldg., e	lc.)		Ce(C1"		(21819)	
×	10:20_pm_			at work			R.		on R.D.				
		at I took charge			green)		ALC: NO STATE OF				and in my	opinion	
	death resulted fr	om: Natural ca	auses,	Acciden	It the Suit	cide,	Homicide	, [], U	ndetermined n	nanner			
		(1) / / /2	101	1/1/1	111	CHI	EF MEDICAL	L EXAMINER [
	SIGNATURE	Service C	100	viu	0	M.D.		DICAL EXAMI	hand		DATE SI	GNED	
	EXAMINER'S NAME (Type)	R. C. DO	DSON	M.D.	. Ri	DEP Singad		AL EXAMINER		May 3	31, 19	61	
22	BURIAL, CREMATION	1, 226. DATE THERE	OF	22c. NAME	OF COMETERY				TION (City, town	, or country)	(Sta	ite)	
	Crematio	n June 3	1961	West	Laure	1 H111		Bala.	-Cynwyd	, Mont	.Co.Pa		
2	B. FUNERAL DIRECTOR		0	ADDRESS					TRAR 246. REC	•			
P	IPPIN FUN	ERAL HOM	Elle	86 5D	Elkt	on, Mo	DAME	2 '61	ash	on & Kray	14		
1-							20414						

